

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	I

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
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TOTAL CLAIMS	<u></u>		4		<u> </u>	****

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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